Parent-Child Attachment Relationships and the Effects of Attachment Disruption

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Course Objectives

1. Understand the nature and necessity of a secure parent-child attachment relationship.
2. Identify the connection between attachment relationships and emotional and behavioral regulation in children.
3. Use a checklist to assess attachment disruption, dysregulation, and disorder.
4. Learn tools and techniques used to foster attachment reparation in attachment therapy.

What is Attachment?

The *deep and enduring connection* established between a child and caregiver beginning in the womb, continuing to develop in the first several years of life, lasting an entire lifetime.

What is Attachment? (continued)

- Attachment is based in evolutionary biological necessity.
- Attachment behaviors must exist and be reciprocated for the infant to survive physically and psychically (Bowlby, 1958).
- Attachment is an instinctive system in the brain that evolved to ensure infant safety and survival.
- Attachment and secure base functions operate to promote child, brain, and personality development and emotional regulation.

Attachment

- Attachment theory is based in an enduring pattern of relatedness that exists, not only for survival, but also for connection.
- Attachment is not static.
- Attachment is dynamic, complex, and ever evolving.
- It has both an internal, psychic organization and an external, observable manifestation.

Attachment Components

- Attachment components:
  - Affective
  - Behavioral
  - Cognitive
  - Kinesthetic/tactile
  - Psychic
  - Physical security (secure base)
  - Context of secure holding environment of the attachment relationship

Affective Component

Bowlby (1958) spoke of the attachment relationship as a reflection of *pleasure* and *enjoyment*: smiling, laughing, clapping, love and happiness.

Attachment bonds are the demonstrable and observable affectionate gestures between infants and their caregivers.

Affective Component

- The security of the attachment relationship also provides a space for emotional reactions to stress and fear:
  - crying
  - clinging
  - anger
  - frustration
- A full range of affects and the foundation of emotional regulation is established in the context of the attachment relationship.

Attachment Behavior

Attachment behavior on the part of the infant or child operates to ***increase*** proximity and contact with the caregiver.

Exploratory behavior ***decreases*** proximity with the maternal caregiver and promotes interaction with the environment and individuation.

Attachment Behavior

- Attachment behaviors serve different functions.
- **Signaling** behaviors (smiling, cooing) alert the caregiver that the infant desires interaction.
- **Aversive** behaviors (crying, kicking) trigger a quick response to provide problem solving or protection and safety.
- **Active** behaviors (reaching for, clinging) promote proximity to the secure base.

Cognitive Component

Parent-child attachment relationships and patterns of communication directly influence the development of mental processes in childhood.

Research identifies attachment as playing a vital role in all of the following:

- Formation of brain structures and organization of the nervous system
- Language development
- Attaining full intellectual potential
- Acquiring a conscience
- Increasing competency

Attachment experience is directly responsible for activating or not activating their genetic potential.

Kinesthetic/Tactile Component

Attachment develops through body/skin contact between the caregiver and infant/child demonstrated in caresses and touches.

Gazing, holding, rocking, stroking, nuzzling are examples of kinesthetic and tactile body contact.

Tactile Component

"You [mother] just adapt the pressure of your arms to the babies' needs, and you move slightly, and you perhaps make sounds. The baby feels you breathing. There is warmth that comes from your breath and your skin, and the baby finds your holding to be good"

(Winnicott, 2002, p. 21).

Psychic Component

Attachment is the psychological availability of a caregiver as a source of safety and comfort in times of child distress.

Attachment is the inferred internal bond that forms between infants and children and their mothers or caregivers.

Physical Security Component

The attachment figure must be physically and reliably present. "Without adequate environmental reliability the personal growth of a child can't take place."

Secure base is defined as the *attachment figure*.

A particular, substantial someone must exist to whom the child can attach.

Attachment Relationship

Attachment exists in the secure holding environment of the mother-infant/child attachment relationship.

Attachment, first and foremost, exists in the context of relationship - in the context of the mother-child relationship. ***If and when that relationship is disrupted, it causes dysregulation in all of the attachment components.***

Attachment Relationship

- Human beings are highly social creatures.
- Human brains are designed to be in relationship with other people.
- "Whoever cares for a child must know that child and work on the basis of a personal living relationship with that child" (Winnicott, 1993).
- Attachment is the process where relationship develops – the foundation of all relationships.
- Attachment influences all subsequent relationships through to adulthood.

Attachment Figure/s

- Primary caregivers are typically biological mothers, but that is not a necessity.
- A father, relative or non-relative can function in the role of primary caregiver provided they sustain a central role in a child's life.
- This role must be stable for at least three to five years, (the first 3 to 5 years) the period when a child's brain develops most rapidly.

Attachment Impact

- Attachment profoundly influences every component of the human condition:
  - **Mind** (how we think & perceive the world)
  - **Body** (secure attachment leads to less physical illness, good hygiene, and sensory integration)
  - **Emotions** (secure attachment helps moderate and regulate emotional states)
  - **Relationships** (secure attachment promotes healthy and positive current and future relationships)
  - **Values, morals, spirituality** (secure attachment influences positive social values, faith, compassion, remorse, meaning in life)

Attachment Functions

1. Learn basic trust and reciprocity, which serves as a template for all future emotional relationships.
2. Explore the environment with feelings of safety and security ("secure base"), which leads to healthy cognitive and social development.
3. Develop the ability to self-regulate, which results in effective management of impulses and emotions.

Attachment Treatment and Training Institute. (2004).

Attachment Functions

4. Create a foundation for the formation of identity, which includes a sense of competency, self-worth, and a balance between dependence and autonomy.
5. Establish a prosocial moral framework, which involves empathy, compassion and conscience.
6. Generate the core belief system, which comprises cognitive appraisals of self, caregivers, others, and life in general.
7. Provide a defense against stress and trauma, which incorporates resourcefulness and resilience.

Internal Working Model

- Early experiences with caregivers shape a child's core beliefs about self, others, and life in general.
- Experiences of the baby and young child are encoded in the brain's limbic system.
- Over time, repeated encoded experiences become internal working models or core beliefs about self, the self in relation to others, and the world in general.
- These core beliefs become the lens through which children (and later adults) view themselves and others, especially authority and attachment figures.

Internal Working Model - Core Beliefs

- Core beliefs serve to interpret the present and anticipate the future in specific ways.
- Secure Attachment:
  - Self: “I am good, wanted, worthwhile, competent, and lovable.”
  - Caregivers: “They are appropriately responsive to my needs, sensitive, dependable, caring, trustworthy.”
  - Life: “My world feels safe; life is worth living.”

Internal Working Model - Core Beliefs (continued)

- Compromised Attachment:
  - Self: "I am bad, unwanted, worthless, helpless, and unlovable."
  - Caregivers: "They are unresponsive to my needs, insensitive, hurtful, and untrustworthy."
  - Life: "My world feels unsafe; life is painful and burdensome."

Attachment Treatment and Training Institute. (2004).

Secure Attachment

- All infants/children need a primary caregiver who:
  - cares for them in sensitive ways and
  - who perceives, makes sense of and responds to their needs.
- A secure attachment establishes basis for:
  - exploration of the world
  - resilience to stress
  - formation of meaningful relationships with self and others
  - ability to balance emotions
  - make sense of life
  - create meaningful interpersonal relationships in the future

Securely Attached Children

- A secure attachment relationship develops between the primary caregiver and infant/child if 1/3 (or more) of the time, their reciprocal communication is sensitive, attuned and secure.
- Securely attached children demonstrate many of these protective factors:
  - Trust, intimacy and affection
  - Strong identity
  - Positive self-esteem
  - Prosocial coping skills
  - Empathy, compassion and conscience

Securely Attached Children (continued)

- Self-confidence, independence, autonomy
- Competency in social environments
- Positive behavioral performance
- Academic success in school
- Adaptive, resilient behaviors in the face of adversity
- Ability to communicate needs
- Ability to manage impulses and feelings
- Maintain emotional balance and regulate feelings
- Strong positive relationships with parents, caregivers, and other authority figures

Securely Attached Children (continued)

- Pleasure from interacting with other people
- Positive leave-taking and reunion experiences
- Positive emotional and play states in relationships
- Long-term friendships
- Develop fulfilling intimate relationships
- Positive and hopeful belief systems about self, family and society – the world is benign
- Rebound from disappointment and loss
- Promote secure attachment in their own children when they become adults

Attachment and Adverse Care

- Ainsworth and Bowlby believed and demonstrated that:

  Attachment develops despite adverse care, repeated punishment, and abuse from attachment figures.

- This has been supported by more current research.
- **THIS IS A PROFOUNDLY CRITICAL FACT WITH DEEP IMPACT ON THE LIVES OF CHILDREN especially in cases of abuse and neglect.**
- Ethical and moral implications.

Attachment Disruption

- If the attachment bond does not occur with sufficient regularity, then the necessary safe and secure experiences do not occur as they should.
- Instead, insecure attachments are formed.
- Insecure attachments arise from repeated experiences of failed or broken emotional communication and connection.

Attachment Disruption

- This disruption occurs along a continuum from separation anxiety to reactive attachment disorder.
- Attachment relationships form in the first 3 years of life - and are strongly impacted from the very first days of an infant's life when the infant can already distinguish "mother" through hearing, taste and smell.
- Therefore, if attachment is disrupted, symptoms develop early in infancy and toddlerhood.

Attachment Loss

- Loss or threat of loss of the attachment figure (parent) evokes intense distress in most children.
- Children may cry, cling, be angry or frustrated in reaction to that intense distress and fear.
- Remember that attachment behaviors serve different functions.
- Signaling behaviors (smiling) alert the caregiver that the child desires interaction. But in supervised visitation, this is often activated in **reverse** so the child signals interaction (need) by being "naughty."

Attachment Loss

(continued)

- Aversive behaviors (crying, kicking) are part of a child's repertoire to trigger a quick caregiver response to provide problem solving or protection and safety. This is highly activated for most kids during supervised visitation.
- Active behaviors (clinging) promote proximity to the mother and secure base. Separation anxiety often triggers either clinging or rejection in the child.
- All of these can be over-activated in older distressed children in foster and adoptive situations.

Attachment Loss (continued)

- Depression symptoms:
  - Loss of pleasure/interest in life
  - Irritability, anger and/or deep sadness
  - Isolation and withdrawal
  - Hopelessness, helplessness, worthlessness
  - Sleeping/fatigue and/or eating problems and/or hoarding
  - Psychomotor agitation or retardation
  - Difficulty concentrating
  - Recurrent thoughts of death and/or suicidality

Attachment Loss (continued)

- Anxiety symptoms:
  - Excessive anxiety and worry; cannot control the worry
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance including nightmares
  - Obsessions/compulsions
  - Phobias
  - Hypervigilence and autonomic symptoms

Attachment Loss (continued)

- Behavior problems
- Emotional dysregulation
- Cognitive delays
- Developmental delays and regression
- Social relationship problems
- Family problems

Risk Factors for Attachment Disorder

Any of the following conditions occurring to a child during the first 36 months of life puts them at risk for attachment disorder:

1. Unwanted pregnancy
2. Maternal ambivalence
3. Abused mother
4. Premature birth
5. Suffering a birth or prenatal trauma
6. Pre-birth exposure to trauma, drugs, alcohol
7. On-going maternal alcohol and/or drug use
8. Parent/s with psychiatric diagnoses
9. Parent/s with anger management problems

Risk Factors for Attachment Disorder

10. Young or inexperienced mother with poor parenting skills
11. Inconsistent, inappropriate or harsh care
12. Parent/s, caregiver/s under or over stimulated child
13. Parent/s, caregivers are isolated
14. Significant family trauma, such as death or divorce
15. Lack of attunement between mother and child
16. Childcare on a time-scheduled
17. Chronically depressed mother (postpartum depression)
18. Neglect

Risk Factors for Attachment Disorder

19. Physical abuse
20. Emotional abuse
21. Sexual abuse
22. Abandonment
23. Multiple caregivers
24. Frequent changes in foster care providers
25. Change in daycare providers
26. Extreme poverty
27. Separation from mother (illness/death of mother)

Risk Factors for Attachment Disorder

28. Forced removal from neglectful or abusive home
29. Lived in an orphanage
30. Institutional care
31. Adoption
32. Ongoing, unrelieved pain (colic, hernia, ear infections)
33. Prolonged hospitalization of child
34. Traumatic medical intervention
35. Failure to thrive

Compiled by Victoria A. Fitton, PhD, LMSW, ACSW
References: DMS-IV-TR, The Mayo Clinic, SAMHSA, National Institutes of Health, and National Institute of Mental Health.

Attachment-Related Behavior Problems

- DeKlyen and Speltz (2001) describe how the parent-child relationship affects the development of behavior problems and assert that many behaviors later deemed behavior problems are simply attachment strategies of seeking comfort and proximity.
- Common problem that children and adolescents with attachment disturbances have is the diminished capacity to self soothe.

Childhood Attachment Disruption/Disorder: A Symptom Checklist

Attachment disrupted children may exhibit 1 or 2 symptoms. Severely attachment disordered children may exhibit many or all symptoms:

1. Intense displays of anger (rage)
2. Self destructive behaviors
3. Destruction of property
4. Aggression toward others
5. Cruelty to animals
6. Inappropriate sexual conduct and attitudes
7. Victimizes others (perpetrator, bully)
8. Exploitive (manipulative, controlling)
9. Argumentative – often over ridiculous things
10. Bossy

Childhood Attachment Disruption/Disorder: A Symptom Checklist

11. Severe need for control over everyone/everything
12. Lack of impulse control
13. Hyperactivity
14. Preoccupation with fire, gore, or evil
15. Lack of remorse and conscience
16. Cannot tolerate limits and external control
17. Frequently defies rules (oppositional)
18. Consistently irresponsible
19. Inappropriately demanding and clingy
20. Persistent nonsense questions / incessant chatter
21. Lack of cause and effect thinking
22. Perceives self as victim (helpless)

Childhood Attachment Disruption/Disorder: A Symptom Checklist

23. Grandiose sense of self-importance
24. Presumptive entitlement issues
25. Perceives others as unsafe, dangerous
26. Not affectionate on parents' terms
27. Lack of eye contact on parents' terms
28. Superficially engaging and charming
29. Indiscriminately affectionate with strangers
30. Unstable peer relationships
31. Lack of long-term friends
32. Blames others for own mistakes or problems
33. Triangulation of adults
34. Stealing

Childhood Attachment Disruption/Disorder: A Symptom Checklist

35. Deceitful (con artist)
36. Lying about the obvious (crazing lying)
37. False allegations of abuse
38. Lacks trust of caretaking or control by others
39. Victimized by others
40. Marked mood changes
41. Frequently depressed, sad
42. Feelings of hopelessness
43. Inappropriate emotional response
44. Hoarding
45. Abnormal eating patterns/habits
46. Refuses to eat
47. Gorges on food

Childhood Attachment Disruption/Disorder: A Symptom Checklist

48. Hides food
49. Eats strange things
50. Sleep disturbance
51. Enuresis (wets self)
52. Encopresis (soils self)
53. Developmental delays
54. Learning disorders
55. Language disorders
56. Accident prone
57. Avoids physical contact
58. Isolates him/herself

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References: DMS-IV-TR, The Mayo Clinic, SAMHSA, National Institutes of Health, and National Institute of Mental Health.

Interventions

- Child: address prior psychosocial trauma and disrupted attachment and improve internal working model (belief system) & prosocial coping skills.
- Parent-child relationships: facilitate secure attachment patterns, including trust, emotional closeness, and positive reciprocity.
- Family dynamics: modify negative patterns of relating, enhance stability, support, and emotional climate.
- Parent/s; address family-of-origin issues that inhibit effective personal and interpersonal functioning.
- Parenting skills: learn the concepts, attitudes, and skills of Corrective Attachment parenting.

Intervention - Emotions

- Notice/reflect emotional themes in the child's play
- Teach/label basic emotions : glad, mad, sad, scared
  - Feeling faces
  - Feeling stickers
  - Feeling cards
  - Feeling matching game
  - Art projects
  - Feeling cards: *Talking, Feeling, Doing*
  - Therapeutic *Candyland*
  - The *Ungame*
  - Puppets and other storytelling methods

Intervention - Emotions

- Exaggerate your emotion interactions to model appropriate response – both congruence and intensity
- Teach emotion labels to parents
- Teach parents to notice/reflect feelings in child – video is helpful
- After successful labeling of basic emotions, move to more sophisticated emotions
- Many tools available, for example, *Ready, Set, Relax…*
- Deep breathing and progressive muscle relaxation
- Bubbles for blowing and breathing control
- Guided imagery
- Music therapy

Intervention - Behavior

- Notice and reflect behavior
- Set appropriate limits
- Keep firm personal boundaries
- Try mimicking child's behaviors with reflection
- Depending on age, wonder about adult reactions to child's behavior
- Behavior checklists
- Tools and techniques available for school and home
- Exploring options
- Behavior games and techniques
- Occupational therapy
- Sensory integration

Intervention - Behavior

- Warn parents that emotional and behavioral reactions intensify when treatment begins
- Give parents explicit information on what is typical expectation in attachment disruption across all domains of functioning
- Give parents realistic hope
- Help parents understand that attachment disruption and attachment styles vary by child and flow along a continuum
- Train and encourage parents to set and maintain firm personal boundaries
- Train and encourage parents to set and maintain a firm but flexible structure for the child
- Teach parents age/stage appropriate communication patterns

Intervention - Cognitive

- Explore family themes with parents; reframe as necessary
- Help parents/family see positive characteristics of child; notice more, write them down, reflect on them, speak them out loud to the child, reinforce
- Notice child's characteristics in play
  - Take photos of child to reinforce identity formation
  - Notice positive thoughts expressed by the child
  - Build self-esteem and self-confidence
  - Running dialogue to build mastery
    - You thought that through
    - You fixed it
    - You made it happen
    - I see you really thinking about that
    - I'm wondering if you feel good about fixing that problem all by yourself
- Explore child's beliefs about self and look for themes and mastery in art and play
- Help child explore alternative endings

Intervention – Cognitive

- Teach parents basics of expectable cognitive abilities by age/stage
- Remind parents that children are magical thinkers
- Remember that children do not think logically
- Teach parents age/stage appropriate communication patterns
- Trauma leads to inability to focus – school becomes an issue; can't concentrate to learn/pay attention
- Children believe parents are omnipotent, omniscient, omnipresent; children often believe parents didn't rescue, don't care, don't love and attachment disruption can occur – basic trust is broken
- Teach parents patience in trust-building
- Help repair cognitive distortion that world is a scary place

Intervention – Physical Safety

- Create a safety plan with the child and brainstorm self-protective behaviors; increases child's mastery and confidence
- Anxiety reduction is absolutely basic and necessary foundation
  - Relaxation techniques
  - Deep breathing
  - Bubble blowing
  - Balloons
- Stress inventories, body integrity inventories
- Read books, e.g., Brave Bart, Bravery Soup
- Maintain consistent patterns in home and treatment – schedules and expectations
- Institute self-care, family, community and treatment rituals

Intervention - Tactile

- Sensory toys and items
- Full arm puppets – soft on inside
- Stuffed animals
- Pillows, blankets and weighted "buddies"
- Cotton ball games
- Food and candy for soothing and nurturing
- Smoothies (with lotion)
- Teach parents stroking and backrub
- Lavender for calming
- Noticing the child's body and body parts, expressing both identification and pleasure
- Paper body outlines with stickers and band aids
- Strings of paper people
- Occupational therapy
- Sensory integration techniques (e.g., brushing, ball, fidgets)
- Music therapy

Intervention – Psychically Available

- Be fully present with the child
- Stay physically present and connected
- Pay attention to the child's communications and messages
- Be consciously aware of your own feelings and notice any distortions
- Listen internally for the child's feelings, longings, needs, expectations
- Anticipate some of the child's needs
- Notice out loud the changes and differences in the child's learning of emotions, altering of behavior, shifts in cognition – give an auditory and visual picture of change for the child
- Participate in self-care activities to keep yourself fresh and mindful
- Help parents understand and do these things

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